

Certificate of Mailing/Transmission (37 C.F.R. § 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

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 on the date indicated below in an envelope addressed to the
 Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILEName of Person Certifying: Carol M. Gruppi
Carol M. Gruppi

Date: October 26, 2000

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): John Schenk

Assignee: XY, Inc.

RECEIVED

Serial No.: 09/478,299

Examiner: M. Meller

NOV 07 2000

Filing Date: January 5, 2000

Group Art Unit: 1651

TECH CENTER 1600/2900

Title: Method of Cryopreserving Selected Sperm Cells



Assistant Commissioner for Patents
 Washington, D.C. 20231

RESPONSE & FEE TRANSMITTAL

Sir:

In response to the Restriction Requirement mailed on May 26, 2000, enclosed herewith for filing are the following:

- A Response/Amendment [] page(s)
- A Response to Restriction Requirement under 35 USC 121 [3] page(s)
- An Amendment Under 37 CFR § 1.111 [] page(s)
- An Amendment Under 37 CFR § 1.116 [] page(s)
- Other _____ [] page(s)

Also included are:

- A Petition for Extension of Time [4] months [2] page(s)
- Information Disclosure Statement
- [] page(s) of PTO-1449 [] copies of IDS citations
- Verified Statement of Small Entity Status under 37 CFR § 1.27
- attached hereto was previously filed
- Other: _____

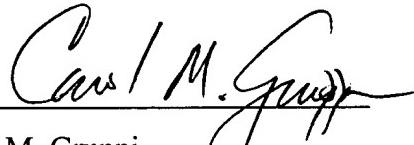
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Fee Calculation						TECH CENTER 1600/2000	
<input checked="" type="checkbox"/> The following fees are submitted:						CALCULATIONS	
EXTRA CLAIMS FEE			OTHER THAN SMALL ENTITY	SMALL ENTITY	\$		
CLAIMS	CURRENT #	# OF CLAIMS PREVIOUSLY PAID	# EXTRA	RATE	RATE		
Total Claims	37-	37		× \$18.00	× \$9.00	\$0.0	
Independent claims	3-	3		× \$80.00	× \$40.00	\$0.0	
MULTIPLE DEPENDENT CLAIM(S)							
<input type="checkbox"/> Yes	<input type="checkbox"/> No			\$270.00	\$135.00	\$	
Petition for Extension of Time Fee (4 months)						\$695.00	
OTHER FEES _____ (specify)						\$	
						TOTAL FEES =	\$695.00

- Conditional Petition for Extension of Time: An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this communication have been considered.
- A check in the amount of \$ _____ to cover the above fees is enclosed.
- Please charge Deposit Account No. 50-1189, Docket No. 22091-701CON1 in the amount of \$695.00 to cover the above-fees. *A duplicate copy of this sheet is enclosed.*
- The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-1189, Docket No. 22091-701CON1. *A duplicate copy of this sheet is enclosed.*

Respectfully submitted,

By: 
 Carol M. Gruppi
 Registration No.: 37341

Date: October 26, 2000Mailing Address:

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